FORM D



02031149

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6) AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB III	NO VIII
OMB NUMBER:	3235-0076
Expires: Nove	mber 30, 2001
Estimated average	burden
hours per response	16.00

OMB APPROVAL

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Name of Offering (check if this is an amendment and name has changed, and indicate changed	ge.) 1121079
JMI Incubator Fund, L.P.	1111211
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (Check if this is an amendment and name has changed, and indicate change.)	
JMI Incubator Fund, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
12680 High Bluff Drive, Suite 200, San Diego, CA 92130	(858) 259-2500
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	DDAPECCEN
Investment Services	Thur do by
investment services	a 4: agas
Type of Business Organization	APR 2 5 2002
• • • • • • • • • • • • • • • • • • • •	other (nlesse specify):
business trust	THOMSON
Month Ye	ar FINANCIAL
0 7 0 0	0
Actual or Estimated Date of Incorporation or Organization:	Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for	or State:
CN for Canada; FN for other foreign jurisdiction)	D E
CITATION AT TRICONNATIONAL CONTRACTOR	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

-ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated of the filing of a redicated to the filing of a redicated to the filing of a redicated to the filing of the fili

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General Partner Full Name (Last name first, if individual) JMI Incubator Associates, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) 12680 High Bluff Drive, Suite 200, San Diego, CA 92130 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director ☒ Managing Member of General Partner Full Name (Last name first, if individual) Charles E. Noell Business or Residence Address (Number and Street, City, State, Zip Code) 12680 High Bluff Drive, Suite 200, San Diego, CA 92130 ☐ Director ☒ Managing Member of Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Full Name (Last name first, if individual) Harry S. Gruner Business or Residence Address (Number and Street, City, State, Zip Code) 12680 High Bluff Drive, Suite 200, San Diego, CA 92130 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒ Managing Member of General Partner Full Name (Last name first, if individual) John J. Moores Business or Residence Address (Number and Street, City, State, Zip Code) 12680 High Bluff Drive, Suite 200, San Diego, CA 92130 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Member Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ Managing Member Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

				B. INFO	DRMATIO	N ABOUT	OFFERI	٧G				7 / 1 i
1. Has the iss	uer cold o	r does the is	cuer intend	to sall to	non accredi	tad investo	ra in this of	foring?				10 21
1. mas tile iss	suci solu, ol	does the is	suer intend	i to sen, to	non accreui	teu mvesto	is in this of	· · · · · ·	••••••	•••••		⊠
2. What is the		instantantan			Appendix,						ሮ እ፣/ል	
Z. What is the	e minimum	mvesumen	i mai wiii b	e accepted	nom any n	idividuai?	•••••	••••••	•••••••	••••••	\$ <u>N/A</u>	
											Yes N	lo.
3. Does the o	ffering per	mit joint ov	vnership of	a single un	it?	•						
4. Enter the iremuneration agent of a bropersons to be Full Name (L	for solicita ker or deal- listed are a	tion of pure er registered ssociated p	chasers in c d with the S ersons of su	onnection v SEC and/or	with sales of with a state	f securities or states, l	in the offer	ing. If a pe	rson to be ker or deal	listed is a er. If moi	n associate e than five	d person o
Business or R	esidence A	ddress (Nu	mber and S	treet City	State 7in (ode)					·	
Dusiness of I	esidence A	1001035 (140	inoci and 5	acci, city,	State, Esp (ouc,						
Name of Asso	ociated Bro	ker or Deal	er									
	Jeiuteu Die	nor or boar	01									
States in Whi	ch Person I	icted Hac	Colicited or	Intends to	Solicit Purc	hacere	_					
		or check ind										All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[1D]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[HN]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L	ast name fi	rst, if indiv	idual)									
Business or R	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)						
Name of Asse	ociated Bro	ker or Deal	ег							***************************************		
		•										
States in Whi	ch Person	Listed Has : or check ind	Solicited or	Intends to	Solicit Puro	chasers						All States
(Check "	All State (F check inc [AZ]	IIVIGUAI Sta [AR]	(CA)	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	All States [ID]
[IL]	[IN]			[KY]						[MN]		[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	. [SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L	ast name fi	irst, if indiv	idual)									
Business or F	Residence A	Address (Nu	mber and S	street, City,	State, Zip	Code)			<u> </u>			
					-	·						
Name of Ass	ociated Bro	ker or Dea	ler						•			
States in Wh:		Listed Has or check inc										All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[ОН]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	(WI)	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS.

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange					
and already exchanged.					
T	Aggr				Already
Type of Security	Offer	ing Price		2	lold
Debt		0	\$		0
Equity	\$	0	. \$	<u> </u>	0
Common Preferred					
Convertible Securities (including warrants)	\$	0	\$;	0
Partnership Interests	\$ <u>12,5</u>	00.000.00	\$	8,36	8,300.00
Other (Specify)	\$	0	\$	· 	0
Total	\$		9	;	
Answer also in Appendix, Column 3, if filing under ULOE.					
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Nı	ımber vestors	I	Dolla	ggregate ar Amoun Purchases
Accredited Investors		4	9	88,30	58,300.00
Non-accredited Investors		0		 S	0
Total (for filings under Rule 504 only)	_ N/	<u>'A</u>	5	12	N/A
Answer also in Appendix, Column 3, if filing under ULOE.					
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				4	
Type of offering	Ty	pe of	J	Dolla	ar Amoun
Rule 505		curity			Sold
Regulation A		N/A		<u></u> 1	
•		N/A		<u>[_</u>	
Rule 504		√A		<u> </u>	
Total		N/A		<u> </u>	N/A
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
Transfer Agent's Fees				5	0
Printing and Engraving Costs				§	0
Legal Fees				\$ <u>-15</u>	,000.00
Accounting Fees		•••••		\$	0
Engineering Fees		•••••		\$	0
Sales Commissions (specify finders' fees separately)				\$	0
Other Expenses (identify), Blue Sky filings fees, other organizational expenses				\$ <u>_</u> 2	2,000.00
- ·			_		

b. Enter the difference between the aggrega 1 and total expenses furnished in respons "adjusted gross proceeds to the issuer."	e to Part C - Question 4.	a. This difference is the			\$	12,483,000.00
 Indicate below the amount of the adjusted g used for each of the purposes shown. If the estimate and check the box to the left of the the adjusted gross proceeds to the issuer set 	amount for any purpose estimate. The total of the	is not known, furnish an e payments listed must equal				
				Payments to Officers, Directors, & Affiliates	P	ayments To Others
Salaries and fees				\$		\$
Purchase of real estate				\$		\$
Purchase, rental or leasing and installati	on of machinery and equ	ipment		\$		\$
Construction or leasing of plant buildin	gs and facilities			\$		\$
Acquisition of other businesses (includi offering that may be used in exchange f issuer pursuant to a merger)	or the assets or securities	of another		¢.	_	¢.
Repayment of indebtedness				\$		\$
Working Capital				\$		\$
Other (specify): Investments in				\$	_	\$ \$12,483,000.00
•	*	,	П	\$	×	<u>512,4w,</u> 00.00
				\$		\$
Column Totals				\$		\$
Total Payments Listed (Column totals a	dded)			⊠ \$ <u>1</u>	2,48	3,000.00
	D. EEDERA	SIGNATURE				
The issuer has duly caused this notice to be significant following signature constitutes an undertak of its staff, the information furnished by the	gned by the undersigned ing by the issuer to furni	duly authorized person. If this no	tice i ange	is filed under R Commission, t	ule 50 ipon v	05, the
Issuer (Print or Type)	Signature			Date		

ATTENTION -

Managing Member of General Partner

JMI Incubator Fund, L.P.

Charles E. Noell

Name of Signer (Print or Type)

03/12/2002

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE	SIGNATURE	r i de la companya d A companya de la comp		, 1	1 1
1. Is any party described in 17 CFR 230.262 prof such rule?		of the disqualifi	cation provisions	······································	Yes	No ⊠
•	See Appendix, Colu	mn 5, for state r	esponse.			
2. The undersigned issuer hereby undertakes to Form D (17 CFR 239.500) at such times as	•	ministrator of a	ny state in which thi	s notice is filed, a not	ice on	
3. The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state ad	ministrators, up	on written request, ir	formation furnished	by the	
4. The undersigned issuer represents that the is limited Offering Exemption (ULOE) of the of this exemption has the burden of establish	state in which this not	ice is filed and 1	inderstands that the i			,
The issuer has read this notification and knows undersigned duly authorized person.	the contents to be true	and has duly ca	used this notice to be	e signed on its behalf	by the	
Issuer (Print or Type)	Signature -	<u></u>		Date		
JMI Incubator Fund, L.P.	123	L 7.	Noto	03/12/20	02	
Name of Signer (Print or Type)	Title of Signer (Print	or Type)				,

Managing Member of General Partner

Instruction

Charles E. Noell

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					APPENDIX				
1	2		3			4		5	
	Intend to to non-accre investors in (Part B-Ite	edited State	Type of security and aggregate offering price offered in state (Part C Item 1)		Type of i amount pure (Part C	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK				,					
AZ									
AR								-	
CA		х	Limited Partnership Interests \$12,500,000.00	4	\$8,368,300.00	0	0		х
СО									
СТ									
DE									
DC						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
FL	-								
GA									
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KY									-
LA									
ME									
MD									
MA									
MI									
MN									
MS									
МО	<u> </u>						<u></u>		

APPENDIX

1	. 2	2	3			4		. 5		
	to non-a	f to sell accredited rs in State 3-Item 1	Type of security and aggregate offering price offered in state (Part C Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
MT										
NE										
NV							,			
NH										
NJ										
NM			·							
NY										
NC										
ND										
ОН										
ОК										
OR										
PA										
RI										
SC										
SD										
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TX										
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